

Nebraska Arborists Association
2018 Nomination Form
PLEASE TYPE OR PRINT CLEARLY



NAME: _____

COMPANY: _____

PREFERRED MAILING ADDRESS:

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____

E-MAIL: _____

EDUCATION/TRAINING (School, Degree, Field of Study):

MISC. TRAINING (e.g. Arborists School): _____

UNDERGRADUATE: _____

GRADUATE: _____

ADVANCED: _____

CURRENT EMPLOYMENT (PRIMARY FUNCTIONS OR AREAS OF SPECIALTY): _____

EMPLOYMENT HISTORY: _____

CURRENT & PREVIOUS NAA ACTIVITIES: _____

PROFESSIONAL AND COMMUNITY ACTIVITIES, OTHER AFFILIATED MEMBERSHIPS, HONORS & AWARDS: _____

OTHER (e.g. family, hobbies, etc.): _____

STATEMENT OF CANDIDACY (To be printed in NAA Newsletter) - What would you like to accomplish through your service on the NAA Board of Directors? What leadership, collaborative skills and experience do you bring to this effort? _____

Email photo to staff@nearborists.org

PLEASE RETURN BY NOVEMBER 30, 2018 TO THE NAA OFFICE

Mail: 521 First Street, Milford, NE 68405 or Email to staff@nearborists.org

Questions? Contact the NAA Office by email or call (402) 761-2219